

Official Publication of The Arkansas State Board of Nursing

ASBN *Update*

Volume 7 Number 2

board of nursing

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Lance Black, LPN
Board Member

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ASBN Update

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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN

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president's message

I was recently asked what my goals are as President of the Board of Nursing. The answer to the question is an easy one—the answer to the problem is a little more difficult. First, the answer to the question. My number one goal is to reduce the backlog of disciplinary cases waiting to be heard by the Board.



It can take as long as two years from the time a problem is reported until the Board has the opportunity to hear the case. There are a number of reasons for this:

New legislation requiring criminal background checks of all new applicants has brought a lot of skeletons out of closets. While most were for relatively minor offenses long ago, they still take a lot of time to go through.

In the past several years, drug testing by employers has gone from the exception to the rule. It is disheartening to see how many new graduates fail their very first pre-employment drug test.

The nursing shortage has also contributed to the backlog. When nurses are routinely working 60 plus hours a week, in addition to their other “job” (family), there will be some who will abuse drugs to “help cope.” The shortage has also affected our case load in a more insidious way. With nurses unavailable (or deemed to be unaffordable), employers have begun to use greater numbers of unlicensed (and often uneducated) personnel. Because an unlicensed employee is usually an unregulated employee, there is no defined scope of practice for them. It may seem reasonable that if a “first assistant” with nothing more than a high school diploma can perform minor surgery, that then surely a nurse can. But they can’t and doing so will get them an appointment with the board. While we feel that many of the uses of unlicensed personnel cross way over the line of what is in the best interest of the public, we have no authority over either the unlicensed employee or the employer.

These causes are external and, for the most part,

out of our control. There are, however, some important internal changes that we at the Board need to make. We have formed a task force to look for ways to improve the efficiency of Board discipline. The following changes have been implemented:

The Board Staff has been empowered to deal with common but less severe infractions such as failure to renew licenses or misdemeanor convictions as a youth. It isn’t that the Board sees these types of offenses as unimportant, it’s just that every hour spent hearing late renewal excuses greatly increases the time that a nurse taking her patient’s drugs continues to practice while awaiting a hearing.

We are researching the rate of relapse among nurses who were disciplined and are monitoring disciplinary trends to improve the pace of deliberations and the equality of the resulting sentence.

We spend a ridiculous amount of time hearing nurses who didn’t follow the terms of the consent agreement (basically a plea bargain) that they made with the Board staff to avoid a Board Hearing. To help these nurses realize that: (1) we will notice if they don’t follow through with their responsibilities, (2) they will appear before the Board to explain their inaction, and (3) it won’t be pretty, we are developing a video of actual noncompliance hearings which all those signing a consent agreement must watch.

While these measures will all help improve the speed of the hearings, long hearings aren’t the real problem. The real problem is not that more nurses are being caught because of drug testing and criminal background checks. The real problem is that too many nurses are doing stupid things! In an effort to keep you from being one of those nurses, in our next edition, I’ll give you “Dan’s Top Ten Ways to Keep Your License.”

A stylized, handwritten signature in black ink, appearing to read 'Dan West'.

Dan West, MSNA, RN

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executive director's message

2003 Legislative Update

It is early in the legislative session, but I thought you should be aware of a few bills that have an impact on nursing. The bills that have been filed regarding nursing as of the date of this article are:



Act 122 by Senator Brenda Gullett (Pine Bluff), Representative Joyce Dees (Warren) and Representative Jim Lendall, RN, (Mabelvale) continues the Arkansas Legislative Commission on Nursing, which is charged with studying and addressing the nursing shortage in the state.

Act 103 by Senator Brenda Gullett (Pine Bluff), Representative Joyce Dees (Warren) and Representative Jim Lendall, RN, (Mabelvale) amends the criminal background section of the Nurse Practice Act to delete misdemeanor theft as an absolute bar from becoming a nurse and clarifies that the checks are done for protection of the public.

Act 84 by Senator Brenda Gullett (Pine Bluff), Representative Joyce Dees (Warren) and Representative Jim Lendall, RN, (Mabelvale) establishes a nursing student loan program to be administered by the Board of Nursing for students going to school to become an RN or LPN.

Act 41 by Representative Joyce Dees (Warren) and Representative Jim Lendall, RN, (Mabelvale) amends the Nurse Practice Act to redefine the term quorum in the statute to be "a majority of the members" of the Board of Nursing.

SB 26 by Senator Brenda Gullett (Pine Bluff), Representative Joyce Dees (Warren) and Representative Jim Lendall, RN, (Mabelvale) provides for an exemption from student financial aid anti-stacking policies for nursing students. This bill would allow nursing students to accept financial aid in excess of that necessary for tuition and other school expenses to be used for other expenditures (for example, child care) that would allow the student to continue their education to become a nurse. Concerns have been raised regarding this bill and at this time it is still in the senate education committee.

HB1316 by Representatives Jim Lendall, RN,

(Mabelvale) and Buddy Blair (Ft. Smith) prohibits health care facilities from requiring nurses to perform overtime work that has not been agreed upon with the nurse. This bill is currently inactive in the House Public Health, Welfare and Labor Committee. The hospital and healthcare associations have voiced concerns regarding this bill. The Board of Nursing has not taken a position on this legislation.

HB1312 by Representatives Jim Lendall, RN, (Mabelvale), Buddy Blair (Ft. Smith) and Daryl Pace (Siloam Springs) expands the definition of public employer for purposes of the whistle-blower act to include any entity that receives public funds. The effect of this bill would give protection from disciplinary action to nurses who report violations of the law. The Board of Nursing is supportive of this legislation.

HB1583 by Representatives Jay Bradford (Pine Bluff), Gary Biggs (Paragould), Herschel Cleveland (Paris) and Jimmy "Red" Milligan (Yellville) establishes a committee to recommend nutrition and physical activity standards and policies to the State Board of Education. The bill specifically requires that a school health nurse be named to the committee. The House Public Health, Welfare and Labor committee will consider this bill.

Nurses should contact their legislators to let them know where they stand on bills that affect public protection. You can contact your legislators at: 501-682-2902 (Senate) or 501-682-6211 (Representatives). Many legislators have email and can be contacted by going to www.arkleg.state.ar.us and selecting "Legislators and Committees" to find their names and links to their email. You can determine who your senator or representative is by going to www.arkleg.state.ar.us and selecting "Arkansas Senate or House of Representative" and then on to "Who is my Senator/Representative?" You may also contact your county clerk's office in the county in which you reside. We will publish a list of bills affecting nursing and regulation when the session is completed.

Faith A. Fields

Faith A. Fields, MSN, RN

Editor's Letter

This has been a most exciting year! This issue of the *ASBN UPDATE* marks a full year of mailing out this new, thirty-two page publication quarterly to all Arkansas licensed nurses. When I came to the Arkansas State Board of Nursing almost six years ago, my

position description as the first director of advanced nursing practice included developing a newsletter. At that time, notices of disciplinary actions and major Board action were sent in a letter format to employers.

In November 1997, the "Nameless Newsletter" was printed and duplicated in-house and mailed to employers of nurses and schools of nursing. A contest to name this new publication

resulted in *ASBN UPDATE*. From that point on, an issue was printed after each Board meeting, and every July, all licensees were mailed an eight-page summary of Board action taken during the previous year. In 2002 we were fortunate that Publishing Concepts, Inc., agreed to publish the *ASBN UPDATE* quarterly at no cost to the Board or to the licensees. In addition to being mailed to the licensees, the magazine is sent to major employers of nurses in Arkansas and to all schools of nursing for each student to have a copy.

The Board's mission is to protect the public. Protecting the public is the guide for selecting and editing articles for publication. It is a challenge each quarter to put the *ASBN UPDATE* together, and it is

truly a team effort. All departments contribute articles based on Board actions, new developments or questions from licensees. For example, in this issue the Nurse Licensure Compact is revisited as a result of the many questions on this topic and the problems that were generated by a nurse working on an invalid compact license. Continuing education topics will be included in each issue, at least until all licensees complete one renewal cycle. There is still a lot of misinformation out there.

Misapplication of the "School Nurse Roles and Responsibilities Practice Guidelines" affected reimbursement to some agencies, and it is clarified by a position statement in this issue. The most poignant article is by Lance Black, the former vice president of the Board, who has been deployed to the Gulf.

The *ASBN UPDATE* is the tool to inform licensees and employers of the Board's actions and Board related requirements. Articles related to the Board's mission that meet established guidelines will be evaluated for publication.

To be the editor is such a privilege; I have always appreciated the importance of timely, correct information, and I strive to present you with the same. Letters to the editor are welcomed—I want to know your reaction to the *ASBN UPDATE*.



Georgia Manning Lewis, MN, RN
Editor and Director of Advanced Nursing Practice

Moving: Did you know?

When you move, the Board of Nursing should be on your list of people to notify of your address change. Failure to notify the Board of an address change in writing could result in your not receiving the license renewal notice. This could cause you to have to pay the late penalty of \$100 when renewing your license late. This could also be a violation of

the *Nurse Practice Act* for working on an expired license. Failure to notify the Board in writing of an address change could be considered unprofessional conduct. Nurses may notify the Board of a change of address free of charge by selecting "Change of Address" on our website at www.arsbn.org or by fax at 501-686-2714.

See Address Change Form on Page 26

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LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at www.arsbn.org. All reissued licenses will have duplicate stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.

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Nursing Licensure Compact

On July 1, 2000, Arkansas entered into the Nurse Licensure Compact with Iowa, Maryland, North Carolina, Texas, Utah and Wisconsin. Since then, Arizona, Delaware, Idaho, Maine, Mississippi, Nebraska and South Dakota have signed on to the compact. A compact state RN or LPN license will be recognized by any state that has signed on to the compact. The Nurse Licensure Compact does not apply to LPTN or APN licensure.

Frequently asked questions on the Nurse Licensure Compact follow:

Q How will the Nurse Licensure Compact affect nurses who live in compact states?

A A Nurse who **resides** and holds an unencumbered license in our state or in any of the other compact states listed above will have the "multistate privilege to practice" in any of the other compact states. If there is a change in primary state of residence, the nurse is required to apply for and obtain a nursing license in the new state of residence. **(The nurse may work on the compact license for 30 days in the new compact state of residence while awaiting licensure there.)**

Q What does a multistate privilege to practice mean?

A Similar to the driver's license, this is the mechanism in the Nurse Licensure Compact that allows a nurse who is licensed in one compact state (home state) to legally practice in another compact state (remote state). **A nurse living in a compact state may not hold an RN or LPN license in any other compact state.** It is important to understand that the Nurse Licensure Compact requires the nurse to adhere to the practice laws and rules of the state where practicing. In the case of electronic practice (telenursing), the nurse must adhere to the practice standards of the state in which the

client receives care. Practice laws and regulations for each state can be found at www.nursingboards.org.

Q Will the nurse who lives in a non-compact state and practices in Arkansas still need to have a license to practice in Arkansas?

A Yes. Nurses who practice nursing in Arkansas but live in a non-compact state, such as Louisiana, must continue to hold a license issued by the ASBN. The Nurse Licensure Compact will not change how they obtain or renew their Arkansas license. However, the Arkansas nursing license will be a single state license for non-compact state residents. It will not include the multistate licensure privilege to practice in other compact states.

Q Does the Nurse Licensure Compact affect military personnel?

A Military personnel are governed by federal law and regulations and the Nurse Licensure Compact does not supersede that law.

Q Where will nurses obtain/renew their licenses under this model?

A Nurses must meet the requirements in their primary state of residence to obtain and renew their licenses. Primary state of residence as defined in the compact means "the person's fixed permanent and principal home for legal purposes; domicile."

Q How will complaints about the nurses be handled within this mutual recognition model?

A The Nurse Licensure Compact authorizes the nurse licensing board of any compact state (home or remote) to investigate allegations of unsafe practice by any nurse practicing in that state. Based upon the outcome of the investigation, a remote compact state licensing board may deny the nurse's privilege to practice in that state. Only the nurse's home

state (state of residence) licensing board may take action against the nurse's license. States will continue to apply the same administrative and due process procedures for imposing discipline as they have always done. However, compact states have more timely access to information, including current, significant investigative information and the disciplinary history of nurses through Nursys, a coordinated licensure information system.

Q What are employers' responsibilities in hiring nurses with a compact license?

A Employers are responsible for ensuring nurses hold valid licenses to practice nursing in their state. A license is a compact license only if the state of licensure is the nurse's primary state of residence. Employers can verify licensure with the home state or online at www.nursys.com. When the nurse moves to a new compact state, a compact state license is only valid 30 days. At the end of 30 days, if the nurse has not received a license in the new compact state, the nurse must cease practicing nursing until the license is issued. Nurses who delegate or assign nursing care to someone who does not hold a valid nursing license in Arkansas could be charged with unprofessional conduct.

Q How do I get more information about the Nurse Licensure Compact?

A The National Council's website (www.ncsbn.org) has a current list of all the states that have enacted the Nurse Licensure Compact and provides in-depth information on the mutual recognition model. Their website may also be accessed through the Board's website, www.arsbn.org. If you have specific questions about this new model of nursing regulation, please contact the Board office.

board business



January Board Meeting Highlights

At the January 9 meeting, the Board took the following actions:

- Granted full approval to the Southeast Arkansas College Practical Nurse Program until the year 2005.
- Granted continued full approval to the University of Arkansas at Fort Smith Associate Degree in Nursing Program until the year 2007.
- Voted that Dr. Thomas secure additional information regarding the U.S. Army Practical Nurse Detachment's ability to meet current minimum requirements. (On March

12, 2003, the Board reinstated this practical nursing program.)

- Voted that the Board oppose any legislation regarding medication aides in the 2003 legislative session.
- Voted that the ASBN adopt the "Guidelines for Late Renewals."
- Voted that the ASBN revise the strategic plan to include the following strategies:
 - Board members begin NCLEX® item review;
 - Board members be involved in

inspection of NCLEX® testing sites;

- Implement a temporary permit for nurses taking a refresher course;
- Implement a methodology for ensuring compliance with continuing education requirements upon reinstatement of a nurse license.
- Elected Karen Buchanan, RN, vice president to fill the term of Lance Black, who was deployed in the military in February.

BOARD MEETING DATES

April 16 Disciplinary May 14 Disciplinary June 11 Disciplinary August 13 Disciplinary
 April 17 Disciplinary May 15 Business June 12 Disciplinary August 14 Disciplinary

The public is invited to attend ASBN Meetings. Groups of more than five should contact LouAnn Walker at 501.686.2704

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Children's Health Outreach Program

Arkansas Children's Hospital, has taken a proactive leadership role with outreach efforts to help ensure the health and safety of children in the state. ACH Community Outreach programs are collectively called "Wellness on Wheels." They reflect the hospital's emphasis on reaching children and adults throughout Arkansas with informative health education programs relating to child safety, wellness and prevention. Numerous programs offer something for everyone.

"Wellness on Wheels"

The anchor of the "Wellness on Wheels" program is classroom presentations and staff visits to area schools, with topics ranging from "Healthy Habits" to "Be Safe and Be Smart." Elementary and preschool children love this effective way of providing health and safety information because it's fun and interactive. More than 15,000 children in Arkansas were educated through these programs last year.

Arkansas Children's Hospital offers other educational activities to help promote health and safety. Employees participate in many fairs and events across the state, including RiverFest and the Children's Health Fair. These booth activities



host a variety of events such as fingercasting, finger art and safety games.

Fire Safety

Arkansas Children's Hospital takes fire and burn-safety very seriously. To help educate children on how to respond if their house catches fire, ACH uses a mobile Fire Safety House designed to provide a realistic environment for teaching basic fire prevention and survival skills. The house, equipped with non-toxic smoke, props and escape routes, teaches children the importance of a fire escape plan, smoke detectors, checking doors and not hiding from firemen. A certified instructor guides children through the house to practice exit drills, while providing information on responding to a fire situation. In addition to the Fire Safety House based at ACH, new such houses are located in Rogers, Walnut Ridge, Camden and McGehee. Any of these houses may be reserved in coopera-



tion with your local fire department by calling ACH Community Outreach at (501) 364-KIDS.

Burn safety is taught through presentations for middle and junior high school students. The program, led by a registered nurse from the hospital's Burn Center, includes a short video about house fires and a discussion on burn safety and prevention. A slide presentation of actual burns is also offered, with discussion on how burns are treated and, most importantly, how they can be prevented.

Safe and Healthy Partnership

Accidental injury is the number one killer of children under the age of 14 in Arkansas and the nation. That's why Arkansas Children's Hospital partnered with the Department of Health to form the SAFEKIDS Coalition. SAFEKIDS works to reduce the number of fatal and nonfatal injuries



to Arkansas children by creating safer homes and communities through education and intervention. It targets both parents and children.

A program targeted directly to parents is child passenger safety. This focuses on the correct use of car safety seats, booster seats and seat belts. In 2001 Arkansas Children's Hospital sponsored 20 car-seat check-up events across the state, with trained professionals checking car seats for proper installation and use. To see if a Car Seat Check-Up is coming to a site near you, visit the Scheduled Events section of the Arkansas Children's Hospital web site at www.archildrens.org.

An Ounce of Prevention

...is truly worth a pound of cure! Arkansas Children's Hospital is leading the way with its "Wellness on Wheels" program to help promote safe and healthy lifestyles for children. For more information on any of the programs or to schedule a visit to your community, contact ACH's Community Outreach department at (501) 364-KIDS.

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practice

New Graduates: What Can

Individuals who have completed a nursing program and applied to take the NCLEX® may also apply for a temporary nursing permit. Upon receipt of the temporary practical nurse permit or temporary registered nurse permit, the individual may perform all functions of the LPN or RN. The temporary permit is valid for 90 days or until the nurse or ASBN receives the results of the NCLEX®.

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SHERWOOD, AR 72120

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Nurse Recruitment 501-552-3738

They Do? What does my license fee go for?

New graduates are considered unlicensed personnel until they receive the temporary permit or nursing license and may only perform nursing tasks that are allowed in the *ASBN Rules and Regulations* Chapter Five on Delegation. Nurses who delegate tasks to unlicensed persons contrary to Chapter Five may be charged with unprofessional conduct.

The mission of the Board of Nursing is to protect the public. Everything the Board does and all the revenue collected is specifically designated for that sole reason. All fees are deposited into the State Treasury, earmarked for the Board of Nursing, and can be used only for that purpose. Every two years the legislature appropriates to the Board the amount of those earmarked funds that can be spent to pay staff and carry on the

operations of the agency. License fees are set by the Board of Nursing according to the expenses necessary for the agency to carry out its public protection mission. Those expenses are for handling complaints, disciplining licensees, handling nursing practice issues, inspecting nursing education programs, licensing, implementing continuing education requirements and performing other office functions.

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Arkansas Hospital Association
Important for Life.

The Role of the Nurse Practitioner and the Care of a Patient who is Addicted to Chemical Substances

The following are excerpts from a research paper written by Molly Phillipp, a women's health nurse practitioner in Idaho Falls, Idaho. It first appeared in the News from Idaho, the Idaho Board of Nursing newsletter.

Asking about illicit drug use does not have to begin with long explanations or apologies. The best approach to use is a nonjudgmental, empathetic form of questioning. This is a now common problem in our society and it needs to be asked about in the same manner that you ask about other diseases and/or problems pertaining to their health history. Be aware that if a patient admits to drug or alcohol abuse or problems that there is a high probability that they may be abusing another substance too.

Ask about the patient's physical health in general. The presence of multiple, often vague, physical or mental complaints is common in substance abuse or withdrawal. A history of multiple respiratory disorders may be indicative of cannabis, an inhalant or tobacco use. A triad of weight loss, tachycardia and chest pain could be indicative of amphetamine use and when a history of nosebleeds is added to this triad, cocaine use should be suspected.

Ask about symptoms of anxiety, depression which often coexist with substance abuse. There are such common symptoms in today's society and it is often difficult to ascertain whether the anxiety and depression are the result of the drug use or if the patient is

using various types of self medication to help him cope with the anxiety and depression. The level of drug use suspicion should be raised and added to the differential diagnosis.

These recommendations [provided by the manufacturer of OxyContin] can be applied to any potentially abusive medication. They are as follows:

- Do not leave prescription pads unattended in your office or examination rooms. Keep them in your pocket or lock them in file cabinets.
- Never sign an incomplete prescription.
- Use numbers and letters, as you do on a personal check, to write the

The presence of multiple, often vague, physical or mental complaints is common in substance abuse or withdrawal.

quantity and strength of the drugs on your prescriptions.

- Ask the patient which pharmacy he intends to use, and write the name of the business on the prescription.
- Consider faxing the prescription to the pharmacy so it is easier for the pharmacist to authenticate it.

It may be difficult to recognize those of our patients who may be abusing prescription narcotics, sedatives or anti-anxiety medications but there are some red flag indicators that may help to recognize a pattern of

abuse. Cooperation and information sharing with the pharmacist also can give you some very valuable insight. It is recommended that we be aware, especially one new to your practice who

- Requests early refills.
- Displays impulsive behavior.
- Asks for an appointment at a time when you may be rushed, such as at the end of office hours or calling after hours.
- Avoids a physical examination, history taking, or diagnostic testing or gives vague medical history.
- Refuses medication in the largest dosing size appropriate for his prescription that is, the size that would be most convenient. Lower dose pills are easier.
- Has multiple prescription providers.
- Claims to have no health insurance and/or regular health care provider.
- Says that the clinic where his medical records were kept has gone out of business.
- May be feigning illness.
- Has a history of alcohol or substance abuse.
- Seems to recite textbook lists of symptoms.
- Has an unusually good knowledge of controlled substances.
- Requests a specific controlled substance and refuses others.
- Says that the non-opioid analgesics you recommend are ineffective or that he is allergic to them.
- Claims to be a patient of one of your colleagues or partners.
- Has the spouse call for refills.
- "Loses" prescription.
- Displays evidence of intoxication.

It is important that we not get tunnel vision or focus only on the stereotypical

continued on page 28

Online Verifications To Other States

If you plan to obtain a nursing license in another state, you must first obtain a verification of licensure from your original state of licensure for most endorsements. You can now obtain Arkansas verification to another board of nursing online. The fee for verification continues to be thirty dollars (\$30) payable by credit card online.

To access this verification feature, select the "Forms" link at www.arsbn.org and then "Nursys License

Verification Request Form." You may print the form for mailing or proceed with the verification online. Online verifications are posted immediately for online review by all boards of nursing, but mailed verifications may take two to three weeks to process. Remember, to obtain licensure in another state, you must complete and submit the endorsement application for the state in which you are seeking licensure in addition to obtaining verification of Arkansas licensure.

NCLEX® Test Item Format Change

Beginning April 1, 2003, there will be several new types of questions on the NCLEX® examination. Historically, all of the questions on NCLEX® have been standard multiple-choice questions where the candidate chooses the best option out of the four listed. The standard multiple-choice question will continue to be the primary item format for the NCLEX®, but some candidates will see other formats as well. The new questions will include having the candidate click on a picture to identify the correct answer, fill-in-the-blank or choose more than one option on multiple-choice questions. Charts, graphs, tables and graphic images have also been added to the format. The goal of these types of questions

is to better assess the competency of the graduate. (There may or may not be any new types of questions on any one NCLEX®—the standard multiple-choice format will still be the predominate type question.)

All exam questions are based upon the most recent job analysis. The new types of questions have gone through the same development and testing process that the standard multiple-choice questions went through. Before any item is included on the NCLEX® exam, it is reviewed to ensure that it is an entry-level question and the content is correct and current. For more information on the alternate format exam questions, go to National Council of State Boards of Nursing's website at www.ncsbn.org.

Public Access To Nursys™ Online

The National Council of State Boards of Nursing (NCSBN) announced that it is now allowing public online access to Nursys™ to assist with nurse licensure verifications. Nursys™ is a national nurse licensure repository. Participating boards of nursing have been submitting licensure and discipline data into Nursys™ since 1999. There are currently 22 boards of nursing providing licensure data to Nursys™ and over one million licensure records of nurses. Public access to Nursys™ is limited to licensure verification information for registered and practical nurses in states which have authorized such public access.

Nursys™ Licensure QuickConfirm provides online nurse license verification to employers and others. Verification reports provide data on licensure, discipline and status of privilege to practice in states within the

Nurse Licensure Compact (compact). Proof of licensure is available for all nurses within participating compact jurisdictions (complete list found at www.nursys.com). Participants in the compact allow a nurse to have one license (in his or her state of residency) and practice in other compact states, subject to each state's practice laws and regulations. Under this mutual recognition model, a nurse may practice across state lines unless otherwise restricted. Nursys™ is the only national verification source that reports practice privilege restrictions for nurses within compact jurisdictions. The fee to verify an unlimited number of licenses from compact states is \$5 per nurse.

Additional information on the public access to Nursys™ can be found at www.nursys.com or via e-mail at nursysinfo@ncsbn.org.

NCSBN HAS MOVED

The National Council of State Boards of Nursing moved into a new office in February 2003. The new address and phone numbers are:
NCSBN • 111 East Wacker Drive, Suite 2900 • Chicago, Illinois 60601 • Phone: 312-525-3600 • Fax: 312-279-1032

Lance Black, LPN *Board Member*

An Army of One Nurse...

The words that we at the Arkansas State Board of Nursing live by—Protect the Public—have taken on a whole new meaning for me. Not only do I serve Arkansans by being the vice president of the ASBN, I also serve part-time as a nurse in the Arkansas Army National Guard. Recently I was transferred out of my unit, the 114th Aviation Battalion, to the 296th Medical Company (Ground Ambulance). The 296th is a unit comprised of combat medics (EMTs and paramedics) and nurses (LPNs and RNs). We will be heading out soon to help with the war on terrorism. By the time you read this, I will probably be on the other side of the world.

In 1990 I enrolled in the practical nursing program at Ouachita Vocational Technical College in Malvern. Suzanne Phillips taught me a great deal in the months that followed. She concentrated on the human side of nursing. She instilled

in me a sense that nursing does not always involve a precise, textbook encounter with a patient. It is fluid—filled with variances and cues that must be recognized and used for the healing process. In today's "cost-effective" healthcare environment, nurses are sometimes so busy that we forget to perform some of the most basic functions of human respect and decency. A smile and a friendly hello sometimes make a world of difference in a patient's recovery. Thanks, Suzanne, for showing me that.

**By the time you
read this, I will
probably be on
the other side
of the world.**

After a brief interruption of my nursing school by Operation Desert Storm, I came back to Arkansas and completed my coursework. My first nursing job was at Rebsamen Regional Medical Center on the rehab floor. I loved it! I found that nursing was my calling. I learned the meaning and result of applying tenderness to patient care. Following my stint at Rebsamen, I worked in outpatient surgery to support myself and family while I attended college. I eventually received my associate degree, but I wanted more. I was making a difference in each of my patient's lives by providing them with the best possible patient care. But I kept finding myself wanting to improve the processes and policies that governed the care I provided.

I really wanted a bachelor's degree so I could pursue healthcare management. Family and financial issues prodded me to select an option I thought I would never consider—joining the regular Army! Right off the bat (because I had an associate degree), I earned an administrative position with a Mobile Army Surgical Hospital (MASH). Many titles were bestowed on me due to all the cutbacks in the military during the 1990s. Some of these titles included: Training NCO, Schools NCO, Security NCO, Staking Team Supervisor, Information Management Officer, Testing Officer, Color Guard and Funeral Detail Trainer. The Army was actually a blessing in disguise. I gained so much experience and knowledge in hospital operations and supervisory skills. I really had the management bug now. I knew that I was a good nurse, but I was even better at management. There was also the added bonus of watching nurses grow professionally and

seeing them realize their fullest potential.

My wife Jodi and I agreed that we would only stay in the Army for one four-year tour. Thanks to some high-speed advice from Army education counselors, I received a bachelor's degree in two years through Regents College. During the remaining two years of my enlistment, I worked on and completed a master

of science in Community Health Administration through California College for Health Sciences, an accredited distance education institution. The curriculum was quite difficult but very rewarding. If you have to work fulltime, I highly recommend checking out distance education programs.

When I got out of the regular Army, my family and I knew that

there was no place like Arkansas. I have lived in the East and West and visited places all over the world, but nothing compares to Arkansas! When we arrived home, I was offered a very lucrative position as the director of home care for a large home health agency in Pulaski County. All of a sudden, I had a multi-million dollar budget and over 500 employees to manage! I'll admit I was a little nervous at first, but I got rolling pretty quickly. I learned the importance of collective leadership. Including staff on all major decision-making processes will virtually guarantee the right result the first time. Plus, there is the added benefit of employee buy-in (when the employee wants the idea to be successful) and earning their respect (because you first respected their opinion). Total quality management really works! We achieved many strategic goals very quickly and morale was high. Working with the elderly is a blessing in itself.

I made another turn I thought I would never make. I became a health services administrator in the correctional system (I know, talk about extremes). In this capacity, I supervised physicians, psychiatrists, dentists, RNs, LPNs and many other healthcare disciplines. I gained a vast amount of experience and knowledge of healthcare operations. I really enjoyed working in corrections, but private correctional companies are slowly disappearing in Arkansas. In the year 2000, my facility at Newport, operating under Wackenhut Corrections Corporation, achieved a nomination for "Facility of the Year" with the National Commission on Correctional Health Care—something that no other facility in Arkansas had ever achieved. Their



contract ended a year later, and I moved on to Prison Health Services. PHS was another forward-looking company that believed in my way of thinking: the dollar doesn't drive medical, medical drives the dollar. I was very successful at the Pulaski County Regional Detention Facility, but the contract with the county ended there as well. What did I learn? Politics is everywhere—you can be the best and still lose.

Around this time I achieved my dream of being appointed to the Arkansas State Board of Nursing—a chance to really make a difference in nursing. I would like to add that we are not about disciplinary actions only. We also give nurses the tools to grow and be successful and



Lance with daughter Makenzi.

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advance the cause of nursing. My distinguished colleagues on the Board recently bestowed on me the honor electing me their vice president. Just remember: People who don't dream never see their dreams come true. I am a very big proponent of advancing the prestige of nursing, nurse retention/recruitment and serving as a voice for all nurses to let everyone know that without us, healthcare doesn't exist.

Which brings me to my current position. I had known the great staff and reputation of New Day, Inc., (at St. Vincent's) for some time. My good friend Steve Tam told me about a great opportunity that New Day had at the Helena Regional Medical Center. I am now the direc-

tor of their Sunrise Program (behavioral healthcare for seniors operated by SeniorHealth, Inc.). I am so happy to be working with older Arkansans again! To me, the elderly are the most vulnerable patients, and they need the very best care and compassion we can provide. This

**I will give my
very best to
bring our men
and women
home safely.**

small hospital provides the type of personal care I like to see.

Now that brings us to my current situation. It is an honor serving Arkansans, but our country needs me. I am not sure where I will be going, but I will give my very best to bring our men and women home safely. Yes, being called up will be very hard financially and emotionally, but God will give me the courage and strength to get through this. Please pray for my fellow soldiers who will be right alongside me and who are sacrificing so much more.

Editor's note: Although Lance has resigned as vice president due to his deployment, he still holds his LPN position on the Board.



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One Nurse's Lapsed License Impacts Coworkers' Licenses

Nurses who work without a valid nursing license affect everyone with whom they work. Ms. H. was issued an Arkansas registered nurse license by examination in 1992. The license expired January 31, 2001. During that month, January 2001, she moved to Texas and obtained a Texas registered nurse license.

In April 2002 Ms. H. moved back to Arkansas and, using her Texas license, was employed by an Arkansas nursing home. On January 24, 2003, she applied to renew her Arkansas registered nurse license. Between April 2002 and January 2003, Ms. H. worked in two nursing homes and one hospital in Arkansas.

Nurse Practice Act violations:

1. Ms. H. worked eight months without a valid nursing license. Even though the Texas license was considered a "compact license," it became null and void thirty (30) days after Ms. H. established a residence in Arkansas. The nurse must hold a valid license in the state in which he/she resides. Once Ms. H. moved her residence to Arkansas, she was required to reinstate (renew) her Arkansas license.
2. Ms. H. worked for three employers between April 2002 and January 2003. Ms. H's supervisor

in each place of employment violated the Nurse Practice Act by delegating nursing care tasks to an unlicensed person.

3. Ms. H. received physicians' orders for patient care and passed them on to co-workers, either verbally or written. Each nurse who carried out an order violated the *Nurse Practice Act* by receiving orders from an unlicensed person.

Other regulatory agencies may have found the employers in violation of their rules and regulations for not ensuring Ms. H. had a valid nursing license.

Nurses who violate the *Nurse Practice Act* are subject to disciplinary action including letters of reprimand, probation, suspension and revocation. The action may require the nurse to pay a civil penalty (monetary fine), take a course, write a paper and/or submit personal and employer reports. Nurses are held accountable for knowing and following the *Nurse Practice Act* in the state where they are practicing. In this case Ms. H. was responsible for renewing her Arkansas nursing license when she moved to Arkansas. The nurses who employed and supervised Ms. H. were responsible for ensuring Ms. H. had an Arkansas nursing license within thirty days of moving to Arkansas.

School Nurse

The Arkansas State Board of Nursing received reports that home health agencies were denied reimbursement for licensed nursing care due to the "School Nurse Roles and Responsibilities Practice Guidelines," which allowed care to be delegated to unlicensed personnel. The Board's Nurse Practice Committee recommended the development of a position statement clarifying the appropriate application of the "School Nurse Roles and Responsibilities Practice Guidelines" in settings other than schools. The Board approved the following on February 12, 2003:

Application of School Nurse Guidelines in Patient Care Settings Other Than Schools

Position Statement 03 – 1

It is the Board's opinion that the Arkansas State Board of Nursing "School Nurse Roles and Responsibilities Practice Guidelines" may be applied to settings other than schools provided they are used as a whole and not taken out of context. **Further it is the opinion of the Board that it is inappropriate to use these guidelines to approve or deny services to clients.**

In May 2000 the Arkansas State Board of Nursing approved practice guidelines for school nurses. These guidelines were developed to assist the school nurse in determining the nurs-



Guidelines Application

ing care activities that could safely be delegated when certain conditions were met. The guidelines may be applied to other similar settings if:

1. Nursing care is NOT the primary purpose of the client being in the setting.
2. The parent/guardian would do the same nursing task(s) if they were present, and
3. The parent/guardian has given their consent for the unlicensed person to perform the nursing tasks.

In addition, the nurse who delegates nursing care to an unlicensed person must apply the following criteria in determining if it is appropriate to delegate the care:

1. A licensed nurse responsible for the client's nursing care and qualified to determine the appropriate application of delegation to an unlicensed person must assess the client. Periodic reassessment must confirm that the nursing care being delegated to an unlicensed person continues to be appropriate.
2. The client's nursing care needs must be stable.
3. The performance of the nursing care by an unlicensed person must not pose a potential harm to the client.
4. No or little modification can be made in the nursing care provided the client.

5. The nursing care being provided for the client cannot involve ongoing assessments, interpretations, or decision-making.
6. The competency of the unlicensed person to perform the required nursing care is validated and documented. This requires the nurse who is delegating the nursing care to be familiar with the client's needs and with the unlicensed person's skills.
7. Supervision that is required for the individual unlicensed person performing the specific task(s) for a specific client is readily available.
8. The facilities' policies and procedures

identify the task(s) that may be delegated to an unlicensed person. The policies and procedures must also recognize that the nurse who is delegating the task(s) is responsible for determining that a task is appropriate to delegate in a specific situation.

Nurses who delegate nursing tasks are responsible and accountable for ensuring that the delegation was appropriate. Unlicensed persons are responsible and accountable for competent performance of the nursing care that is delegated to them which includes calling the delegating nurse for assistance if the client's condition or needs change.

Partnership... the key to health

You are invited to participate with the following Arkansas Department of Health programs to improve the health of Arkansans:

- The Arkansas Cardiovascular Health Program
- The Arkansas Diabetes Control Program
- The Arkansas Arthritis Program
- The Arkansas 5 A Day Program
- The Arkansas Governor's Council on Fitness
- Breast Care
- The Arkansas Cancer Coalition
- The Arkansas Cancer Registry

Join other key groups/individuals participating in the following activities:

- State planning with task forces and committees
- Promotion of environmental changes to improve access and remove barriers
- Establishment of policies that support and encourage healthy lifestyles
- Surveillance
- Educational efforts, materials, conferences
- Screening for breast and cervical cancer
- Outreach/Social marketing

For program information, or to establish a partnership, contact the Arkansas Department of Health's Chronic Disease Service Unit at **1-800-235-0002**.

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Continuing Education Audits

To determine compliance with continuing education requirements, nurses will be randomly selected for audit. Nurses selected will be sent an audit form to complete. This form will ask for employment history as well as information on how the continuing education requirements were met. The form and copies of all required documents must be returned to the Board office within 30 days. Copies of the following documents will be required:

- If the requirement was met by **contact hours**, send copies of the certificates which show the nurse's name, name of activity/program, number of contact hours and name of the approval body.
- If the requirement was met by **certification**, send a copy of the current certificate with the nurse's name, name of certifying body and date of certification/expiration.
- If the requirement was met by **academic course work**, send a copy of the transcript with the nurse's name, institution, name of course and course grade.

New Renewal Forms Attest That Ce Met

The next time you renew your license, you will notice that the renewal form has been revised. The statement, "...I have met the continuing education requirements for license renewal," has been added. The nurse's signature attests that the CE requirements have been met.

Any nurse failing to meet the continuing education requirements or falsely attesting completion of the continuing education requirements may be subject to disciplinary action.

First Renewal

If the initial license by exam or endorsement is valid for less than two (2) years, the nurse will not be required to meet the continuing education requirements for the first renewal period. For all subsequent renewals, the continuing education requirements must be met.

Renewal Requirements July 1, 2003

After July 1, 2003, every nurse must meet one of the following requirements in order to renew an active license:

• Contact Hours:

Ways of obtaining these hours are by attending workshops and seminars and completing the continuing education activities that are found in many nursing journals and on the Internet. When you find an opportunity to obtain contact hours, always look at what organization approves the contact hours. The approving organization must be on the Board's list of "Approved Approval Bodies." (The list of approval bodies can be found on the ASBN website, www.arsbn.org at the "Continuing Education" link.) All contact hours must be obtained during the two-year renewal period. Inservices, orientation and CPR will not count as continuing education. The Board of Nursing has established a phase-in period for the contact hours. Eight (8) contact hours are

LPN Certification

Certification is available to licensed practical nurses through organizations such as:

- National Association of Practical Nurse Education and Service (NAPNES)
- National Federation of Licensed Practical Nurses (NFLPN)
- Developmental Disabilities Nurses Association (DDNA)

Certifications available are:

- LPN, NCP (NAPNES Certified in Pharmacology)
- LPN, CLTC (Certified in Long-Term Care)
- LPN, DDC (Developmental Disability Certification)
- I.V. Therapy Certification
- Gerontology Certification



required of nurses renewing between July 1, 2003, and June 30, 2004. Starting July 1, 2004, all those choosing this option will need 15 contact hours by the time they renew their license.

• **Certification:**

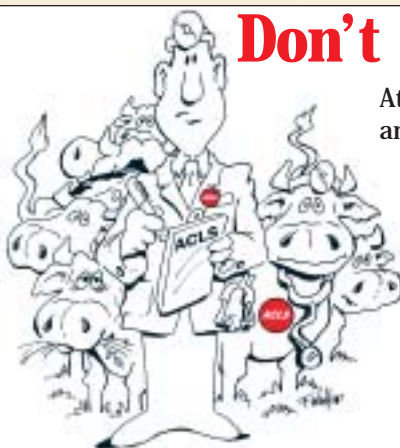
If a nurse obtains certification or renews certification during the two-year renewal period, then the continuing education requirements have been met. The certification must be awarded by a national organization that has been approved by the Board of Nursing. (See ASBN website for a list of approved organizations.)

• **Academic Course:**

The third method of meeting the continuing education requirement is by completing an academic course in nursing or a related field. In order for a course to be acceptable, it must be relevant to your nursing practice. Courses such as pharmacology, medical-surgical nursing, physical assessment and pediatrics fulfill this requirement. The basic prerequisites such as anatomy and physiology, chemistry and algebra will not meet the continuing education requirement. The course must be completed during the two-year renewal period.

Do not submit CE certificates, certifications or transcripts unless audited!

Please contact Sue Tedford, Director of Nursing Education, if you have any questions.



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EOE

address change

RECEIVE ASBN UPDATE, BUT NOT RENEWAL FORM? OR HAVE A NEW ADDRESS? A NEW NAME?

Pursuant to the ASBN Rules and Regulations Chapter Two Section X, a licensee shall immediately notify the Board in writing of an address change. The change may be made online at www.arsbn.org, faxed to 501.686.2714 or mailed to the Board office. The Board does not accept address changes by telephone or e-mail. There is no fee for an address change.

A licensee whose name has legally changed may apply for a replacement license by submitting the current license(s), the required fee of \$20.00, and a copy of the marriage license or court order for each license. (The court order must specifically state the new name to be used.) For your convenience, use this form for either an address or name change.

IT IS IMPERATIVE THAT THE BOARD HAVE YOUR CURRENT NAME AND ADDRESS

On all changes, please provide the following:

SS #:	ADDRESS CHANGE / NO FEE (Or online at www.arsbn.org)
LICENSE #:	NAME:
I DECLARE MY PRIMARY STATE OF RESIDENCE TO BE:	NEW ADDRESS:
SIGNATURE: (MUST BE SIGNED)	CITY, STATE, ZIP, COUNTY

NAME CHANGE (Certified copy of marriage license or court action must accompany fee.)

CURRENT NAME:	ENTER LICENSE NUMBER AND ENCLOSE \$20.00 FOR EACH LICENSE HELD.	
ADDRESS:	LPN _____	\$20.00 _____
CITY, STATE, ZIP, COUNTY	LPTN _____	\$20.00 _____
FORMER NAME (LAST, FIRST, MIDDLE, MAIDEN):	RN _____	\$20.00 _____
	APN _____	\$20.00 _____
	RPN _____	\$20.00 _____
	TOTAL _____	

Joyce Simpson named one of six finalists for 2003 Outstanding Nurse of the Year



Joyce Simpson, Vice President of Nursing Services for Sparks Health System in Fort Smith has been named one of the 6 finalists for the 2003 Outstanding Nurse of the Year. Beginning as a staff nurse at Sparks 33 years ago, she has risen through the ranks to her current position. Mrs. Simpson has Nursing Administrative responsibilities for a 476-bed acute-care hospital and Home

HealthCare department and still finds time to actively contribute to other educational and charitable organizations in her community.

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disciplinary actions

Disciplinary Actions—December 2002, January, February 2003

The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a) (1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a) (2) "Is guilty of a crime or gross immorality;" (a) (4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a) (6) "Is guilty of unprofessional conduct;" and (a) (9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP).

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing; 1123 South University, Suite 800; Little Rock, Arkansas 72204.

PROBATION

Babbs, Mary Francis Jones
L22233, Hot Springs, (a) (4) & (6), CP \$250
Bethea, Angelia Renee Rowland
R44448, Sherwood, (a) (6), CP \$700
Brents, Patti Jo Presley Lockridge
T01175, Malvern, (a) (6), CP \$700
Carter, Trent Edwin
L38989, Camden, (a) (6) & (9), CP \$250
Daniels, Lou Ann Crane
R52122, Fort Smith, (a) (4) & (6), CP \$800
Edwards, Rebecca Irene Boudra Holliday
Nixon
L31989, Hot Springs (a) (9), (2), (4) & (6),
CP \$700
Gibson, Freda Dianne Britton Moffett
R50178, Brinkley, (a) (4) & (6), CP \$400
Gray, Michael Shayne
R63378, Little Rock, (a) (6)
Harvey, Stewart Lee
R65855, Warren, (a) (4) & (6)
Hunt, Doris Jean Duty
L23087, Batesville, (a) (4) & (6), CP \$600
McKim, Gail Darlene Baker
R40151, L21056(exp), Malvern
(a) (4) & (6), CP \$700
Morrison, Jodi Marie
A01617, R67802, Fort Smith
(a) (6), CP \$1000
Parker, Tereasa Annelle
R65841, Benton, (a) (4) & (6), CP \$700
Parrish, Kristi Lynn Scott
L36252, Clarendon, (a) (6), CP \$600
Smith, Sharon Denise
R54625, Mabelvale, (a) (4) & (6), CP \$700
Stone, Sara Lynn
R55193, Hope, (a) (4) & (6), CP \$1000
Watts, Laurie Ann Hardin King
L30127, Benton, (a) (4) & (6), CP \$250

REINSTATEMENT WITH PROBATION

Fortin, Jacqueline Annette Peterson Cody
R39960, L26430(exp), Benton

REINSTATEMENT FROM SUSPENSION

Moore, William Scott
R49296, Little Rock, Reinstatement from
suspension, CP balance \$462

SUSPENSION

Avery, Larry Dudley
L25878, Nashville, Probation Non-
Compliance, CP balance \$700
Bell, Benjamin P.
R49264, Hensley, (a) (6)
Brooks, Sarita Gay Pogue Chapman Estrada
R32865, Caldwell, (a) (4) & (6)

Cole, Karen LeAnne Shook
R49505, Lonoke, Probation
Non-Compliance, ED
Collins, Sandra Dee Burns
L35418, Federal Way, WA, Probation Non-
Compliance, CP \$500
Delaney, Linda Ann Booth Cox
L25948, Ashdown, (a) (4) & (6), CP \$500
Dendy, Rhona Paulette Crain
L32336, Monticello, Probation
Non-Compliance
Discher, Gail Patric Thompson
L14699, Warren, Probation
Non-Compliance
Evans, Teresa Chatham
R63458, Jonesboro, Probation
Non-Compliance, CP \$1000
Fox, Rugh Hugh
R52748, Magnolia, (a) (4) & (6), CP \$500
Hale, Glenda Elaine Pence
L31253, Rector, Probation
Non-Compliance
Howington, Lisa Gay Evans
L38849, Rogers, (a) (2), (4) & (6), CP \$1000
Jobe, Jill Allison Jeter
R44286, Little Rock, (a) (4) & (6), CP \$500
Lampkin, Marilyn
L30132, Pine Bluff, (a) (4) & (6), CP \$500
McBryde, Martha Ann Easley
R30864, West Memphis, Probation Non-
Compliance, CP balance \$800
Mackey, Kristi Laverne
L38526, Covington, GA
(a) (4) & (6), CP \$500
Martin, Lydia Marie Martin
T01698, Little Rock, Letter of Reprimand
Non-Compliance, CP \$500
Miller, Elizabeth Nicole Hardin
L34942, Mabelvale, (a) (4) & (6), CP \$500
Pharr, Lori Lynn Burdine
L38115, Malvern, Letter of Reprimand
Non-Compliance, CP \$500
Phillips, Tricia Lanishia
L35268, Marion, Letter of Reprimand
Non-Compliance, CP \$500
Reschke, Krystal Renee Luther
L37705, Pocahtontas
(a) (2), (4) & (6) CP \$500
Smith, Kay Culver Smith
L29466, Pocola, OK, (a) (4) & (6)
Tatum, Evwaloni Harrison
L32518, North Little Rock
(a) (4) & (6), CP \$500
Whisenant, Melna Jean Aaron Berryman
T01251, Mabelvale, Probation
Non-Compliance, CP \$300
Whitaker, Eilea Louvet Douthet
L37463, Marion, (a) (4) & (6), CP \$500

Wonce, Rose Mary Washington
L20776, Little Rock, Probation
Non-Compliance

VOLUNTARY SURRENDER

Bell, Angela Shannon Clifton
R34312, Hot Springs
Boggs, Ruth Ann Larkin
R14796, Benton
Brown, Cynthia Annette Walker
L24760, Pine Bluff
Carter, Trent Edwin
L38989, Camden
Clay, Frankie Jacquelynn
R37856, Jonesboro
Daniels, Linda Sue Blain
R50872, Springdale
Fields, Dorothy Bevelyn Wooten Willbanks
R40321, Elkins
Gawthrop, Toni Fuller
R45070, Western Grove
Hampton, Wanda Marie
R55869, Lakeview
Konert, Cynthia Michelle Smith
R29297, Van Buren
Loosbrock, Penelope Jena Abraham
R32618, Texarkana
Parker, Kay Yvonne Rogers Pendergrass,
Gamble
R11744, Fort Smith
Robinson, Sandra Kay Lowe
L30926, Benton
Rodriguez, Jo Ann Elizabeth
L35659, Magazine
Wells, Jane Carol Parrott
R19321, Little Rock

REPRIMAND

Chidester, Beverly Ann Bynre
R23901, Little Rock, (a) (6) & (9), CP \$1000
Winders, Adriane Bryant Prater
L33221, Wynne, (a) (6) & (9), CP \$500

PROBATIONARY STATUS REMOVED

Fritsch, Charles Henry
R56247, Gillet
Litch, Anita Janette Hettel
L16964, Russellville

PN ENDORSEMENTS

Reitman, Virginia Umali Cinco
PN Endorsement Applicant
Mammoth Springs
Endorsement granted

image of the drug abuser. Substance abuse knows no boundaries and encompasses women [people] of all ages, races and economic backgrounds. We should be especially careful not to exclude the older woman [people] due to their extreme susceptibility to become easily and unknowingly addicted to prescription medication. Recognize that while the younger population may be attending rave parties, the older adult may be obtaining prescriptions from a multitude of healthcare providers. We need to contin-

ually educate ourselves about the problems of addiction and the multifaceted ways that it can affect our lives.

We need to keep our ears opened to the facts, our eyes focused on the problem and our hearts harnessed with just enough empathy to remain objective. Together we can make a difference.

Carol Coleman Kennedy, APN, of Little Rock, added the following:

As a nurse practitioner, our role in

providing good health care to our patients who are abusing substances is to act as facilitator. When a substance abusing patient desires to change his destructive pattern of substance abuse, we act by facilitating the patient's process of taking responsibility for his/her own health. The patient must be willing to take necessary risks within this process. Substance abuse is an addictive disease, a common problem in our society.

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Dr. Richard Kyle, MD—Bates Medical Center

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